MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) filed West Virginia COUNTY MARYLAND Preston Gerrett b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluods Oakland Aurora d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE or institution Garrett County Memorial Hospital 2 NAME OF 4. DATE Middle Month DECEASED April (Type or print) Allen DEATH Robert EThan IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 5. SEX B. DATE OF BIRTH campletely an popers. WIDOWED T DIVORCED | Male White June 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) School Teacher Morgantown, West Va. Education USA pup 13 FATHER'S NAME Robert E. Lee Allen Katharine Protzman 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 546-09-3634Kathryn Scott Allem, Aurora, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Vascular Accident 4 Mo. DUE TO Chronic Brain Sundrome Conditions, if any, which gned gove rise to immediate DUE TO couse (a), stating the underpup lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) certificote 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (County) factory, street, office bldg., etc.) Hour a.m. Not while of work of work 21. I certify that I attended the deceased from. ... 19____that I last saw the deceased and that death occurred at 6/45/2 M, from the causes and an the date stated above ADDRESS (Street, city or lown, state) det ACTUAL SIGNATURE FUNERAL DIREC 25 Alder pe priar 3 should PHYSICIAN'S NAME (Type) Maryland Baumgartner. MdD. Oakland Garrett Earl 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

Aurora Cemeterv

Kingwood. W. Va.

ADDRESS

ON A FARM?

YES NO

Year

PERFORMED?

(Stote)

DATE SIGNED

(Stote)

West Virginia

246 REGISTRAR'S SIGNATURE

Cuthur S. Kraus

Aurora.

24a, REC'D BY REGISTRAR

DATE APR 1 4 '61

1967

0 VS A1S (4) 1SM 10/S7 REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Anna Jane Williams

Burial

WELL STREET		
	Santa a	
		ATALOGICAL CONTENTS
	THE CHARGE	
	or of the state of	

AARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND** Division of STATISTICAL RESEA FOR STATE USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY Page MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) y is director write RURAL end give nearest town) retained for your he State Board of JENNINGS MD LIFE

d. NAME OF HOSPITAL ORINSTITUTION (if not in hospital, give street eddress) Jennings e. IS RESIDENCE death. If any delay rould be executed within 24 hours after death. If any delay "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained for burial-transit permit. File pages 1 and 2 with the State Bo haves! and in any event within 72 hours after death. ON A FARM? own home YES NO 3. NAME OF Middle 4. DATE Day Lasi Month Yeer DECEASED OF 154 (Type or print) DEATH 19 DOT 6. COLOR 9. AGE (In years | IF UNDER 1 YEAR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TTINGER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudded IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which (b) gave rise to immediate cause "pending" Ø Examiner's DUE TO (e), steting the underlying as 5 cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? lease execute this cartificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO X 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) 0 While Not While Hour em et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy I Inspection X Inquiry and in my opinion designated agent, death resulted from: Natural ceuses Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL DEPUTY ME ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATU DEPUTY MEDICAL EXAMINER 0,0 Address (Street, city, town, or county) (AK. NAME (Type) TEBS LER 22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) its REMOVAL (Specify) 0 ₫ 4 O ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE APR 2 8 '61 5M 7/59 arthur & Krace

THE STATE THE STATE OF THE STAT TOTAL PARTIER PARTY STREET, BUTTONES NO. 10 - 12 P. S. P. FROM BENCHY ... PRINCES ... LORG The Alles Buckey Suntarelle Mar BISE I HILL BITTINGER BUTINGER COMMETTER NO The contract of the second of

may be retained by

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4317

CERTIFICATE OF DEATH

Reg. Dist. No.

04310

1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE		. If institution: R	esidence befor	e admissio	on}
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		mits, write RURAL	ond give near	rest town)	
HOYES d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION)	135 yrs.	d. STREET ADDRESS				ON A I	DENCE FARM? NO 🔀
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day		eor
(Type or print) Elsie		enneman		April	30		961
The state of the s	RRIED NEVER MARRIED DIVORCED DIVORCED	August 24.	1902		nths Days	Hours	Min,
10a. USUAL OCCUPATION (Give kind of work done 10)	b. KIND OF BUSINESS OR INDU				2. CITIZEN O	F WHAT	COUNTRY
Housewife (Own Home	North Gla	ade, Ma	100	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME				
Salem Lee		Elizabet	th Lips	comb			
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1(1Yes. no. or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
no	none At	abrey Brenne	eman	Hoyes	, Mar	ylar	nd
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost. Part II. OTHER SIGNIFICANT CONDITIONS RICUM ATOMA	nyocand in ypentension	e cu du	ocuse.		/	WAS A PERFOR	UTOPSY RMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE						
Hour o. m. Whil		ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or tov	vn)	(County)		(Stole)
21. I certify that I attended the decedative an 19 Apr 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		accurred at		causes and	an the dat	e state	
220. BURIAL, CREMATION, 226. DATE THEREOF Burial 5/3/61	22c. NAME OF CEMETERY O		22d. LOCATION (unty) Marvl	(Stote))
23. FUNERAL DIRECTOR'S SIGNATURE GERALD N. Minnich	ADDRESS Oakland, 1	24a. REC'I	D BY REGISTRAR	24b. REGISTRA		E	

81 PROMITIABLINIA RE	
HEALO T	o magningo < 17-1454
	CONTROL OF STREET OF STREE
	The plant of the second

certificote

death

Mary C. P. 1966 Street Committee Com

4	έŧ
oge	d wi
h.	Fi di
Seat	d be
Fler	haul
rs o	by #
hou	ë
n 24	Fille Jes 1
vithi	Pog
Po	plet ers.
ecut	Pop Carry
0	buo pou
ofe b	e afte
iffee	nove nour
Cer	ng p
eath	endi leas
he d	e ott
101	44.
es #	ony.
quir	a sign
w re	iciar onsi
e lo	phys as b al-tr
# ::	ing te h
IAN	ifico ifico the
YSIG	cert cert
PH	this reme
NI	After of food of, o
EN	buri
ATT	t de c
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by Aspital or ottending physician. TO FUNERAL DIRECT. After this certificate has been signed by the ottending physician and campletely filled in by the fax of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.
TAL	AL Shou trar
SPI	NER 93.8
H	Pog.
T	10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4319
CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg. Dist. No. ()4312

)	1, PLACE OF DEATH o. COUNTY	Garrett		MARY	LAND	o. STATE _	DENCE (Who	_	lived. If instituti b. COUNTY	on: Residence			ion)
	b. CITY OR TOWN (IF RURAL and give new Oakland	outside carporote limi arest tawn)	ts, write	c. LENGTH OF STAY		-/	rown (If o		ote limits, write R	URAL ond g	jive near	est town)
0	OR INSTITUTION	AL (If not in hospitol, gounty Men				d. STREET A	DDRESS				e	ON A	IDENCE FARM?
	3. NAME OF DECEASED (Type or print)	Shella	s1	Middle Marguerit		Colaw	t	4. DATE OF DEATH	April	Ph	Doy	,	Yeor 19 61
	s. sex Female	10220020		HED NEVER MARRIE	ED 🛣 B.	DATE OF BIRT	_		AGE (In years lost birthday) 12 yrs.	IF UNDER Months	-		
1	100. USUAL OCCUPATIO during most of work Student 13. FATHER'S NAME	N (Give kind of wark of ing life, even if retired	dane 10b.			Cre	ACE (State of Lin, MAIDEN N	Mary	untry)	12. CITI		WHAT	COUNTRY
)	Don R. 1s. WAS DECEASED EVER (Yes. no. or unknown)	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	Hele FORMANT	ena A	shby	Add	ress			
	no	If yes, give war ar dates of s		none		on R.	Cola	W	Crelli	n, Ma	arya	and	1
	Conditions, if on gove rise to in couse (a), slating t lying couse lost.	he <u>under-</u> DUE TO	7	Brut 6	ATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	6	/ >	AUTOPSY RMED?
)	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yec		CRIBE HOW INJURY OF									но 🗌
	20c. TIME OF INJURY Hour o. m. p. m.	монта, Б оу, тес	While at work	Not while	focto	E OF INJURY (ory, street, office	bldg., etc.)	201. (City o	or town)	(C	ounty)		(State)
	21. I certify the alive on	at I attended the	decease 19 4 A c	10	death o	94, 19.53 occurred at.			the causes a set, city or town,			state	
	220. BURIAL, CREMATION REMOVAL (Specify) Burial	4/19/61	F	22c. NAME OF CEME		crematory		22d. LOCATIO	on (City, town, o	or county) Mary	rlan	(State	:)
	23. FUNERAL DIRECTOR'S Gerald n	Mennic.	h	ADDRESS Oakland		ryland		BY REGISTR	AR 24b. REGIS	TRAR'S SIG	NATURE		

	AS-MEDIAL TO THE	BMTHASE THTATE O	MARYAN
e *	HYAZIG LOT	(ACHIDINA)	LPA .
		Seria-	Access of
	en la	1779	
		The state of the state of	

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04313

. Md.

Poge 4

1,220

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the furrerol director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. hospitol or ottending physicion. TO HOSPITAL OR AT

ADING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

VR A15 (4) 15M 9/59

1	1
	70
(<u>Î</u>
()
	1

		2000		CERTIFIC	716	OI DEATH			1000			
	PLACE OF DEATH	TEL AMOUNT				USUAL RESIDENCE (Where decease	ed lived. If institution	an: Residence	before	admissi	an)
	Garrett			MARYLAN	ID	Marylar	nd	b. COUNTY	rrett			
	b. CITY OR TOWN (IF	autside carparate limi	ts, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (I	If autside carp	orate limits, write R	URAL and giv	ve near	est town)	
	Oakland	prest town)		31 mos.		Kitzmi	ller					
	d. NAME OF HOSPITA	AL (If not in hospitol, g	ive street		1	d. STREET ADDRESS				e.	IS REST	DENCE FARM?
G	arrett Con	ntv Memori	al Ho	spital							YES	NO 🔣
3.	NAME OF	Fir		Middle		Last	4. DATE	Man	th	Day	Υ	ear
	DECEASED (Type ar print)	Josep				peland	OF DEATH	Apr		7		961
5.	SEX	6. COLOR OR RACE	7. MARE	RIED ANEVER MARRIED] B. D.	ATE OF BIRTH		9. AGE (In years last birthday)	Manths [
	Famale	White	WIDOWI	ED DIVORCED	1 11/	10/13		17 угв.	Months	Days	Haurs	Min.
100			dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	ate ar foreign	country)	12. CITIZ	ENOF	WHATC	OUNTRY?
		ing life, even if retired	0	wn Home					75m 2	4.4	C+ ~	+
_	Housewi	fe	10	WII IIOMO		Kitzmille		yrand	Uni	tea	Sta	res
13.	FATHER'S NAME				14	I. MOTHER'S MAIDEN	NAME					
	Joseph J	KKKKK Ju	nkin:	S		Bessie S	Swauger					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. INFOR	MANT		Add	ress			44.5
(Te	s, no, or unknown) (I	It yes, give wor or dates of s	21'	7-05-5083		Husband:	James F	R. Copelar	nd, Ki	tzm:	ille	r, Mo
	18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne far (a) (b), and (c).]	~					INTER	VAL BET	WEEN
	PART I. DEAT	TH WAS CAUSED BY:	,	1100111	10					01130	3-1	ner
	171Y	DUE TO	1	name		A					4.4	1
	1111		1	1		Tone	5			1	/1	/
	Canditians, if on gave rise to in		1	gramon	Ma	vace				/	1	
	couse (o), stating t		/	1		1.	. 4 .	- 1-	——,	-	7	
	lying cause last.) (0) KC	encino	m	a .16	nuy	e liles	1	/	n	est.
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TER	RMINAL DISEA	SE CONDITION GIV	EN IN PART	1(a) 19		UTOPSY
ΑĬ			I = 10								PERFOI	
F	20a. ACCIDENT WAS	C LINIDERIVINIC I	20h DES	CRIBE HOW INJURY OCCU	DDED /E	ter eature of injury	in Part Las Pa	ert II of item 1R \			153	110 🗀
CERTI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW HOOK! OCCO	KKED. ĮL	sier nature at injury	1410	in the nem to.,				
3	20c. TIME OF INJURY	Manth, Doy, Ye	ar 20d. II	NJURY OCCURRED 20e		OF INJURY (Hame, fo		ty ar tawn)	(Co	ounty)	1.15	(State)
0	Hour o.m.	19	While of war	Not while	toctory	street, office bldg.,	etc.)					
2	p. m.		or war	K OI WORK	De	26.	60	nn i I been	6			
				ded the deceased fro	m		1 7	april 7,				we) lost
	sow the decease	ed olive on Apr	11 7	1,61 , and the	ot deat	h occurred a	45MAfram	the couses ar	d an the	dote	stated	above.
	220. SIGNATURE		- /	/							-	DATE
	1111	Aniel	> 11	10,000	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.			OFF	SIGNED
	22c. PHYSICIAN'S	anno	PF	unice		22d. ADDRESS	DIKECIOK L				3	1
	NAME (Type)					Oakland	Marv	land			-	
		ew E. Mano					, ried y.	7007 A				
230	BURIAL, CREMATION	N, 23b. DATE THEREC) F	23c. NAME OF CEMETER			23d. LOC/	ATION (City, tawn,	ar county)	376	(State	=)
	Burial	4/9/196	L	I.O.O.F. (Ceme	tery	Elk	Garden	, 11	va.		
24.	FUNERAL DIRECTORS		179-1	ADDRESS		25a. RE	EC'D BY REGIS		STRAR'S SIGI	NATUR	E	
1	Mildred	Sharples	3	Blat	ine,	W. VBARE	APR 11		wither S.			
0	C. Lei	tilen	-	Oaklan	nd.	Md.						

Wildle St. - Issue the Latinoper where a princip Tonepidere ... reduce bosins on mounts a fittoria Telegrad o Funda Andread boles . Towns in the contraction The state of the s AND THE RESERVE OF THE COLUMN TWO IS NOT THE OWNER. La Carrier i Venos, di-Dir. taken the west called in the Edition of the Committee of All in contain the second to the second to

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04314

				(1-0-2-3
1. PLACE OF DEATH a. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If instituti b. COUNTY	an: Residence befare admission) Garrett
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Oakland	c. LENGTH OF STAY IN 16		autside carporate limits, write R	
d. NAME OF HOSPITAL (If nat in haspital, give structure) OR INSTITUTION	eet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Garrett County Memorial	Hospital	P.O. Gorma	nia, W. Va.	YES NO
3. NAME OF First DECEASED (Type or print) Thomas	Middle Nelson	Dignan	4. DATE Mor OF DEATH April	Day Year 13 1961
	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. Date of Birth December 26.	9. AGE (In years last birthday) 62 yrs.	HUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 1 during mast af warking life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
Retired Coal Miner 13. FATHER'S NAME	Soft Coal Min	14. MOTHER'S MAIDEN	Maryland.	United States
Dignan, James	Haves	Kaylor	Amanda	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT Wife	Add Gormania	
1B. CAUSE OF DEATH [Enter anly one cause pe				INTERVAL BETWEEN
	ocardial Infa	nation		ONSET AND DEATH
Canditians, if any, which age rise to immediate (b) CC	ongestive hear			6 months
	eumatic hear	disease		20 years
Part II. OTHER SIGNIFICANT CONDITION Pulmonary emphysem		T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in	Part I ar Part II af item 18.)	
Haur a.m. Wi	d. INJURY OCCURRED 20e. Pl nile Nat while wark at wark	ACE OF INJURY (Hame, farm ictary, street, affice bldg., etc	n, 20f. (City ar tawn)	(Caunty) (State)
21. I certify that (I) (this haspital) attended sow the deceased alive on 4-13-			15 to 4-13-61	
22a. SIGNATURE	w.	ATTENDING M	STAFF PHYS.	22b.DATE 4/13/196
22c. PHYSCIAN'S NAME (Type) Dr. B. L. Gra	n+	22d. ADDRESS		
			Maryland	
230. BURIAL, CREMATION, 23b. DATE THEREOF 4/16/1961	Pope Cemet		Gorman, Gari	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
THE LEIGHT	() Oaklan	d. Md. DATE	ADR 1 7 '61	Inthur S. Kraus

Then please remaye carbon papers. Pages 1 and 2 shoutd b TO HOSPITAL OR ATTANDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained by the spital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function based of the standard of Health priar to burial, remandin, an remand, and in any event, within 72 haurs after death. VR A15 (4) 15M 9/59

Page 4

. #17. III. cince And 5.8.8 the but the brook of the books and the books of the books of THE REPORT OF THE PARTY OF THE an Foregoin I of Common version DUPLE VET (L brank to the second of the sec community states and monthly

4322

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAS

C

•••	Trans.	25.77	no.	-	10	NEC ON	-		VELLINIA	· L	, MAKI BAND	
	DT	IF	IC	AT	TE	OF	DE	A	TH			
-	L/ I	ш	10	~				_				

04315

_													The state of the s
1. PL o.	ACE OF DEATH	ett		MARYLAN	2.	o. STATE	Land	ere deceased	lived. If institution b. COUNTY	n: Residen		e admissi	on)
ь.	CITY OR TOWN (IF RURAL and give ne Kitzmi	outside corporate limit prest town) Ller	s, write	c. LENGTH OF STAY IN 31 Vears									
d.	NAME OF HOSPITA		d. STREET AD					•		DENCE FARM? NO			
D	AME OF ECEASED ype or print)	Henr		Middle Gilbert	;	Evans	8	4. DATE OF DEATH	April		21.		eor 9 61
S. SE	x Male	6. COLOR OR RACE White	7. MARRII	ED NEVER MARRIED [- 1	ATE OF BIRTH	189		9. AGE (In years lost birthdoy) 65 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.
R	during most of work	N (Give kind of work of ing life, even if retired) Coal Mine		ind of Business or in ft Coal mi	nes		Virg	ginia	untry)		S.A		OUNTRY?
13. F	Howard	Frenc					~						
15 V		IN U. S. ARMED FOR	FS2 114 S	OCIAL SECURITY NO. 1	7. INFOR	Mary	Graj	yson	Addr	mtt.			
	yes	V.W.#1	rvice) _	6-10-1367		. Grad	e E	vans	Kitzm		r,	Md.	
7	Conditions, if or gove rise to in couse (o), stoting to lying couse lost.	he <u>under-</u> DUE TO	_C	Cute Myn Comel B Pelicons	von	ulum Julum	ast 77	Telm	~ · · · · · · · · · · · · · · · · · · ·			da da	of the state of th
CERTIFICATION				RIBE HOW INJURY OCCL						EN IN PAR	T 1(o) 15	PERFO	RMED?
CAL CER	OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Yeo	r 20d. IN	JURY OCCURRED 20e		OF INJURY (H			or town)	((County)		(Stote)
MEDICAL	Hour o.m.	19	While of work	Not while of work	foctory	, street, office	bldg., etc.)					
	21. I certify tho	b Cala Dr. Ralp	ottende 19/ 11st	ed the deceosed from 196/, and the condition of the co	M.D.	22d. ADDRES	ME DIS	D. RECTOR	he couses on STAFF PHYS. Maryla	d on the		stoted	obove. D. DATE SIGNED
23a.	BURIAL, CREMATION	4/23/19		23c. NAME OF CEMETER					Garden,		Va.	(Stot	e)
24/F	INERAL DIRECTOR	signature /	-	ADDRESS Oakland	l, M	d.	250. REC'E	BY REGISTR 2 6 '61	RAR 25b. REGIS	STRAR'S SIL			37

- hotolyzer

all the March marks don't wind wants lead boutdon

Carrier Driver

AND THE RESERVE AND THE PROPERTY OF THE PROPER

The state of the s

the Control of the Co

The control of the common of the control of the con

Service of the servic

the death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4 - MARY SHALLY SHALL SHAL The state of the s THE PARTY IN THE PROPERTY IN PROPERTY OF France W Milliand Property 133 A water wheter willy dish THE STATE OF THE PARTY. GEO. PHEENBAKEK CENTER STEEL Malora Matterger, according the The fact who was a sund stored The same of the last of the same of the sa Harrison Contraction of the State of the Sta Dieleta Milita The second secon The state of the flere of the way of the state of the sta THE HTWEN Bain 4/11/01 OHK CHELE ROWING CONCESSION CONTRACT OF THE King a would give warming the student

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04317

	1	1.
,	1	M
:	de de	
	軍	

Poge 4

TO HOSPITAL OR ATTANDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after drawn may be retained by hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerage 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the State Board of Health priar to burial, cremotion, ar remayal, and in any event, within 72 haurs ofter death.

VR A1S (4) 1SM 9/S9

)	
ט	
into	0
	. 13
	0.30
	1131.2
	4.0
	24

1. PLACE OF DEATH o. COUNTY Gerrett	Street address Aug. Aug.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
Oakland,		
d. NAME OF HOSPITAL (If not in hospital, give street of Cuppett-Weeks Nursing	g Home	ON A FARM?
3. NAME OF First DECEASED (Type or print) SUSAN		
THE STATE OF		A 13 CC 17 1 9777 day birthday) Months Doys Hours Min.
during most of working life, even if retired)		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Samuel Montgomery		Eliza Wolfe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (1995, no. or unknown) (If yes, give war or dates of service)		
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	A) (FEST) V.E.	HEART PAILURE
& CONTUSIONS KIG	1-1	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
Haur a.m. While	Not while f	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) actory, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attend saw the deceased alive an DATE. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) E . I . Baumgar	13_19_6/_, and that	death occurred at : 2 MA fram the causes and an the date stated abave. M.D. ATTENDING MED. STAFF PHYS. ATTENDING DIRECTOR PHYS. 22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 4/19/1961	23c. NAME OF CEMETERY Wolfe Ceme	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Oakland	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DAIPR 2 4 '61 CITCHUM S. KNOWN

The second property of plus and the control of the control The Table 2 Co. No. of Property . a contract of all of sevel-agential . en colored being supplied to to all the second of the second

LAND STATE DEPARTMENT OF HEALTH STATISTICAL RE **BALTIMORE 1. MARYLAND** OF 1. PLACE OF DEATH Film G288 _ 1. USUAL RESIDENCE (Where deceased lived, If institution residence before edmission) Items ČE. e. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) director for your o, RIENDSVILLE Board d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) and 3 to the funeral be retained State death 3. NAME OF First Middle Last 4. DATE Month Day DECEASED OF (Type or print) DEATH ANNA ELIZABETH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FRIEND AGE (In years | IF UNDER 1 YEAR 5. SEX lest birthdey) and 2 wi Months Days WIDO WED [DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Pages 1 ORK MO 13. FATHER'S NAME in pencil in Item 18. Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, or unkown) | (Ifyesgive weror detes of service) Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN <u>_</u> ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) INFARCTION. ACUTE Minutes DUE TO removal, ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Years. Conditions, if any, which geva rise to immediate cause 60 "pending" DUE TO (a), stating the underlying as pesn cause lost. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 2 Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 3 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! becase execute the Sertificate, wrong should be forwarded to the Chicase hare CTOR. Page 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) fectory, street, office bldg., etc.) 2 While Not While Hour a.m. et work at work prior p.m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion designated agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S FEASTER JR M.D Add Address (Street, city, lown, or county) OAK NAME (Typa) 220. BURIAL, CREMATION. 22c. 22d. LOCATION (City. OH 40 ŏ 0 UNERAL DIRECTOR VS. A15ME arthur S. Kraus 161 DATE APR 5M 7/59

IS RESIDENCE

ON A FARM?

YES X NO

Year

19

Hours

IF UNDER 24 HRS.

PERFORMED?

NO

(State)

DATE SIGNED

LASKLENCE CARLET No COL ERIENDEUNINE MIET IN COLOR FAITA PROVINCE NO. 10 % ... THE SET OF THE PERSON Sept. 34/886 73 HOWENESS LOUIS HOUSE PRESENCES MISS STEP ST MARK LASH AUDEEM EMEND Elevant Jane Commission Va ALTON MORIORATHA PATORACONA MA . STEER CONTROL SERVICE WAS CONSTRUCTED BY THE THE REPORT OF THE PARTY OF THE BURRE HIJEL BLOOMING SOUT FARMOUND CARRETT FOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04319

1. PLACE OF DEATH a. COUNTY Garrett	MARYLAND	O STATE				
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limits, write RURA	L ond give nearest lown)		
Oakland	10 Months	XRural Kitzm	iller.			
d. NAME OF HOSPITAL (If not in hospital, give street or institution oak Rest Nursing Ho	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YEST NO		
3. NAME OF DECEASED (Type or print) George	Widdle			2, Day Year 19 61		
b. CCUNTY Garrett b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest lown) CR RURAL and Oak Land d. NAME OF HOSSTAL (If not in hospital), give street address) Oak Test Nursing Home d. NAME OF HOSSTAL (If not in hospital), give street address) Oak Test Nursing Home d. STREET ADDRESS d. STREET ADDRESS	Onths Doys Hours Min.					
100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Retired Farmer				2. CITIZEN OF WHAT COUNTRY? $U.S.A$.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
John Thomas Harvey		Harriett Ell	en Paugh			
	SOCIAL SECURITY NO. 17. II	NFORMANT	Address			
no		bert O. Weeks	Oakland			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which age rise to immediate	0.	tis - Bila	teral	ONSET AND DEATH 3 days		
lying course last		0				
PART II. OTHER SIGNIFICANT CONDITIONS.	9/0	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO		
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	Port II of item 1B.)			
	e Nat while fo	ctory, street, office bldg., etc.)	City or town)	(Caunty) (Stote)		
21. I certify that (I) (this haspital) attends sow the deceased olive on Games.	ded the deceased from.	March 5: 1047, to		n the dote stoted abave.		
22a. SIGNATURE Jacket A. Leigh 22c. PHYSICIAN'S	hlon, "	M.D. ATTENDING MED. DIRECTOR 22d. ADDRESS	STAFF PHYS.	15 April		
NAME (Type)Herbert H. Le	ighton, M. D	0 Oakland,	Md.			
OR INSTITUTION OR K Rest Nursing Home 3. NAME OF DECEASED (Type or print) S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DI		r crematory 23d. LC	cation (City, town, or collins, town, or collins	W. Va. (State)		
24. FUNERAL DIRECTOR'S SIGNATURE		Md. 2So. REC'D BY REC	101	R'S SIGNATURE S. Threes		

th. Page 4 NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. haspital ar attending physician.

TO HOSPITAL OR AT VR A1S (4) 1SM 9/59 58181W MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0 3 shauld TO FUNERAL VS A15 (4)

ISE Of the same and	HT	TE OF DEA	CERTIFICA	
				Irraic to Evan
The state of the s				
	STATE OF			
		•		The Part of the Pa
		ey Holeshy 2 U . In		
	State of			
		The Web		the state of the s
				The state of the state of the state of
		C 37 83		Same State of the
entered the second state of the second secon				AND THE PARTY OF T
			Share source of	TOTAL TOTAL DATE

MARYLAND STATE DEPARTMENT

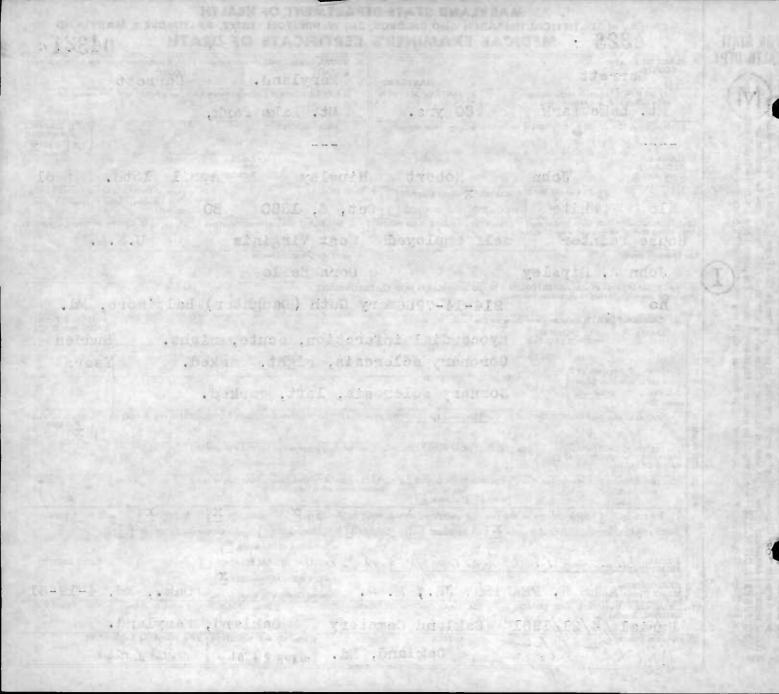
FOR STATE HEALTH DEPT.

LA CONTRACTOR OF THE PARTY OF T

TO DEPUTY M. S.AL. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, end 3 to the funerel dirk 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours efter death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1.328 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

	TOGO MEDICAL	EXAMINERS	CERTIFICAT	L OF DEATH	() 4	±361
1.	PLACE OF DEATH		2. USUAL RESIDENCE	E (Whare dacassad livad, If in	stitution: Resider	nce before edmission)
	a. countract	MARYLAND	" Marylan	d. Gar	rett	
	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16			RURAL and give	nearest town)
	Mt. Lake Park	80 yrs.	X Mt. Lak	e Park,		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, giva street addrass)	d. STREET ADDRESS			a. IS RESIDENCE
			1			YES NO
3.	NAME OF First DECEASED	Middla	Last	4. DATE Month	Dey	Yaar
	(Typa or print) John	Robert	Hipsley		15th.	19 61
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
	350 7		ct. 6, 188	O 80 yrs.	Months Days	Hours Min.
		IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN C	F WHAT COUNTRY?
	House Painter sel	f employed	West Virg	inia	U.S.A	•
13.			14. MOTHER'S MAIDEN N	IAME		
	John A. Hipsley		Dora Bell	е		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
[14	no 21	4-14-7966Mar	y Guth (Da	ughter) Balt	imore.	Md.
=						
	PART I. DEATH WAS CAUSED BY:	nandial info	anation of	ato at what		
	1177	carulal inte	arction, ac	me, tigue.	21	adden
	COI	conary sclere	osis, right	. marked.	Ye	ears
	Conditions, if any, which	•	, ,			
	(e), stating the underlying DUE TO COT	nary sclero	sis. left.	marked.		
	Cause lest, (c)					
ON	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(a)	
3						PERSONAL CONTRACTOR OF THE PERSON OF THE PER
CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	SE HOW INJURY OCCURED, (E	nter nature of Injury in Pert	or Pert II of item 18.)		
3	20c. TIME OF INJURY Month, Dey, Year 20d. I			; 20f. (City or town)	(County)	(Stete)
MEDIC			ory, street, office bldg., etc.)			
170	21. I certify that I took charge of the rem	ains described above, he	ld an Autopsy X, 1	nspection K, Inquiry	, and	in my opinion
-	death resulted from: Natural causes 17,	Accident 777 Suici	de Momicide [, Undetermined ma	nner 🗍	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7/	CHIEF MEDICAL EX	CAMINER [
	ACTUAL /	2. To A 4.1	1 ASSISTANT MEDIC			DATE SIGNED
	SIGNATURE	fisher.	M.D.	72		AIR BIGINED
h	EXAMINER'S AMES H. FEASTE	R? TR. 2 M. I			Md	4-19-61
226					-	
b. CITY OR TOWN [if outside corporate limits, with RURAL and give nearest town) Mit. Leke Park d. NAME OF HOSPITAL OR INSTITUTION [if not in hospite], give dreet addrass) 3. NAME OF HOSPITAL OR INSTITUTION [if not in hospite], give dreet addrass) 3. NAME OF DECKASED (type or print) 3. SEX G. COLOR OR RACE 7. MARRIED NOVER						
22						LIDE
23	114		T.E.D.			
/	1 xeignon	oakrand,	IVICL . DASPR	2 4 '61 arth	of S. Thousa	



4329

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

AAAAAA

	-	LONG	CERTIFI	CAIL	OF DEATH		2004		11436	27
1. P	COUNTY GAF	RETT	MARYLA		JSUAL RESIDENCE (WE L. STATE MARY)	100	b. COUNTY	GARRE		ssion)
Ь	RURAL ond give ne	foutside corporate limits, warest town)		DAYS	10 OAK S	200 100	oAKLANI		re nearest tow	vn)
0	OR INSTITUTION GARRETT	AL (If not in haspital, give s COUNTY MEMO	rreet address) RIAL HOSPITAL		d. STREET ADDRESS				ON.	SIDENCE A FARM?
E	NAME OF DECEASED Type or print)	First MARY	Middle HULDAH	LI	Last TTMAN	4. DATE OF DEATH	APRII		Day 30	Yeor 1961
. S	FEMALE	T TO TO COME	MARRIED NEVER MARRIED		TE OF BIRTH RIL 4, 1896		9. AGE (In years lost, birthdoy) 64 yrs.		YEAR IF UND	7
1	during most of wark	ing life, even if retired)	106. KIND OF BUSINESS OR TELEPHONE OPE	ERA TOR	CORINTH	W.VA			S. A	
j.	FATHER'S NAME WILLIAM	ARCHIBAL BRO	WNING	14	MARY ELIZA		WHITTSELL			
	WAS DECEASED EVE		16. SOCIAL SECURITY NO.	17. INFOR			Addr		ND, M).
	Conditions, if or gove rise to it cause (o), stoting lying couse lost.	mmediate (DUE TO	Mehebase	30	Liner			7000		
CERTIFICATION	PART II. OTH		ONS CONTRIBUTING TO DEAT	TH_BUT NOT	RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	EN IN PART	PERF	AUTOPSY ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (En	ter nature of injury in	Port I or Port	t II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	, v	20d. INJURY OCCURRED While Not while twark at work		OF INJURY (Home, farm street, office bldg., etc		or town)	(Co	unty)	(Stote
	21. I certify that saw the decease 22a. SIONATURE	(3)	tended the deceased f		occurred a		the causes and		that (1)	
	22c. PHYSICIAN'S NAME (Type)	DR. E. I. B	AUMGARTNER	т.о.	22d. ADDRESS OAKLANI					
?3a.	BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 23b. DATE THEREOF 5/1/61	23c. NAME OF CEMET Oakland	rery or cri		23d. LOCAT	TION (City, town, o	or county) Mary]	Land	ote)
24.	Gerald)	S. SIGNATURE 1. Munnic	ADDRESS Oakland,	Mary		D BY REGIST	104	TRAR'S SIGN		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. haspital ar attending physician. TO HOSPITAL OR A

VR A15 (4) 1SM 9/59

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

th. Page 4

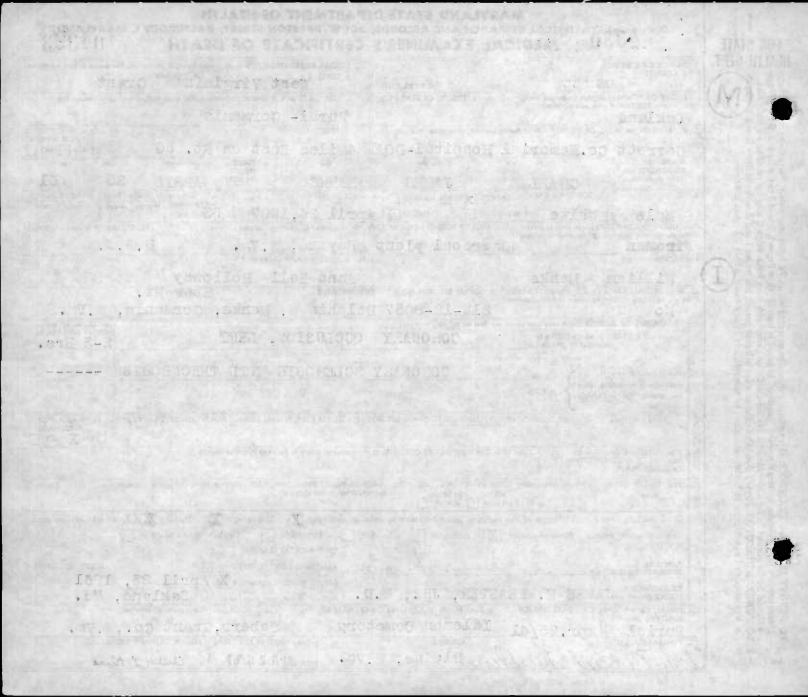
0001 The state of the s A SECRETARY OF THE SECR Charles and planting of the is as in the same of the same of AND DOOR SHOW IN THE RESERVE AND ASSESSMENT OF THE PARTY OF THE PARTY

FOR STATE HEALTH DEPT TO DEPUTY MI. ALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ssary, please execute the Certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH () 4323

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission
V	Garrett	MARYLAND West Virginia Grant
	b. CITY OR TOWN (if outside corporata limits, c. LENGTH write RURAL and give nearast town)	H OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
	Oakland	Rural- Gormania
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give str	reet eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
-	Garrett Co.Memorial Hospit	tal-DOA 4Miles East on Rt. 50
	3. NAME OF First N	Aiddla Last 4. DATE Month Day Year
		AMES MANKS DEATH APRIL 23 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER	MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED D	DIVORCED April 24,1907 53 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
-	Fireman Charcoal	l plant Bayard, W.Va. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Manks	Anna Bell Holloway
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INFORMANT STORES Rt.
	No 212-12	2-8057 Delphia W. Manks, Gormania, W.Va.
ì	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b)	o), end (c).] INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	RONARY OCCLUSION, LEFT ONSET AND DEATH 2-3 Hrs.
	LA-JO DUE TO	
		ORONARY SCLEROSIS WITH THROMBOSIS
	gava rise to immediate causa	
	(a), steting the underlying causa last. (c)	
	10/	O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20b. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DOLLAR OF CATH.	PERFORMED? YES X NO
	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJ	IURY OCCURED. (Enter neture of Injury In Pert I or Pert II of item 18.)
1		
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCC White Not Wh at work et wor	(order)
	P.III.	
	21. I certify that I took charge of the remains descr	
	death resulted from: Natural causes X, Accide	nt, Suicide, Homicide, Undetermined manner
	X 7	CHIEF MEDICAL EXAMINER
	SIGNATURE (L	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
2	EXAMINER'S TAMES IN DEACHED	DEPUTY MEDICAL EXAMINER X April 23, 1961
	NAME (Type) JAMES H. FEASTER,	
	REMOVAL (Specify)	
	Burial Apr. 25/61 LOLEMS	, , , , , , , , , , , , , , , , , , , ,
	My Mildreg D nurpless BI	aine, W. Va. DATEAPR 26'61 arthur S. Kuna
	/	



		1	
4	7,	부	/
ge	4	`₹	
0	ī.	Pa	
	P	Ē	
40	0	e	
Je o		P	
-		Inc	
f	he	sho	
	>	0	
200	9	g	
h	.=	ō	
24	e	-	
2	Œ	9	
+	>	0	
3	0	,	
P	d	ers	
5	E	de	à.
e	Ü	ď	De
9	pu	5	P
Pe	0	é	-
0	.0	0	at C
0	Sic	×e ×	175
1	, t	9	100
9	G.	re	2
h	ů.	Se	7
O	P	60	hir
P	=	d	-3
he	0	6	+
=	the	The	Ver
ha	>		
S	70	Ē	V C
F	6	er	0
9	* . E	0	-
6	0 6	Si	Suc
3.	See	0	_
-0	ج م	=	0
He.	9 6	rio	OF
-	0 0	bu	7
Z.	0 0	9	20
3	E in	=======================================	-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4	may be retained by a hospital ar offending physician. TO FUNERAL DIREC : After this certificate has been signed by the attending physician and completely filled in by the typical director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with	the registror prior to burial, cremation, or removal, and in any event within 72 hours after death.
¥	5.0	156	nat
₹.	호호	7	ne.
S.	ē 5	2	2
=	A to	ed	10
Z	w	ch	UL
TE		eto	20
Y.	Ja	P	2
ec .	D W	Pe	ioi
0	2 2	P	à
AL	9 -	0	20
F	NA N	sh.	str
S	8 3	3	0
9	جَجَ	ge	1 4
0	Ĕ	0	the
7	1		

	MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMO	ORE, 18
(M)	4331 CERTIFIC	CATE OF DEATH	Reg. Dist. No. (14324
	1, PLACE OF DEATH d. COUNTY GRANG + + MARYLAN	2. USUAL RESIDENCE (Where deceased lived, o. STATE Manager I and	COUNTY ~
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1		
	Oakland life	/ Oakland	
X	OR INSTITUTION 4 th. St.	4 th. St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Mary Odell	lost 4. DAYE OF DEATH Ap	Month Day Year
		lost	(In years IF UNDER 1 YEAR IF UNDER 24 HR birthdoy) Months Days Hours Min.
death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Housewife Own Home	DUSTRY 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNT
Tier C	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(I)	Slingleton L. Townshend		
2 2	(Yes, no, or unknown) {If yes, give wor or dates of service}		
iny event within	PART I. DEATH WAS CAUSED BY: HAMMEDIATE CAUSE (o) Myocandia	Infanction hours	INTERNAL BETWEEN ONSET AND DEATH Reday
	couse (o), stoting the under- lying couse lost. DUE TO Anteniojcus	motie CV. Dusco	ise a
0,000,00	CATIC	IUT NOT RELATED TO THE TERMINAL DISEASE CONC	DITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
io '		RED. (Enter nature of injury in Port 1 or Port II of it	em 18.)
emation	Under the control of	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	n) (County) (State
101, Cr		, 1961, to 19 Apr.	, 19.61 , that I last saw the decea
De CHY OF TOWN (I condide corporote limin, write RURAL ond give accest town Oak Land Survey Condition Condi	y or town, stote) DATE SIGN		
	PHYSICIAN'S B. L. Grant, M.D.		
ge	PEMOVAL (Specify)		
<u> </u>	Burial 4/21/61 Dakland Co		
Jan 1	00 0000		

CATE OF DEATH		inconanta de la
	In the state of th	
	in	
	in	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICA	TE OF	DEATH
CERTIFICA	LIE OF	DEATE

04325

	4333			. 47-111	OI DEAII			Reg. Dist. No).
1. PLACE OF DEATH a. COUNTY	Garrett		MARYLA		USUAL RESIDENCE (WI O. STATE Maryl		ed. If institutio b. COUNTY	n: Residence befo	
b. CITY OR TOWN RURAL and give Oaklar		its, write	70 yrs.	116	c. CITY OR TOWN (IF a		limits, write RL	JRAL and give ne	arest tawn)
OR INSTITUTION	ITAL (If not in hospital, g	give street	address)	1	d. STREET ADDRESS 2 nd	St.		一見	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Lilliar		Middle Byrne	Si	ncell	4. DATE OF DEATH	Mont April		y Year .6 19 6:
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH	9. /	AGE (In years ast birthday)		IF UNDER 24 H
Female	White	WIDOWI		_	r. 15, 18	371	90 yrs.	Months Days	Haurs Min
10a. USUAL OCCUPAT	irking life, even if retired) _	kind of Business or Newspaper					USA	OF WHAT COUN
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME		/	
David N	Morris				Mary Byr	ne			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO			Addre	ess	
(Yes, no. or unknown)	(If yes, give wor or dates of s		none	Mrs	. Robert	Rucker	t. Oak	cland.	Marvla
Canditians, if gave rise to couse (a), sloting lying cause last	the under)	ZU ISAA	سے م		?		/=	70
ICATI	THER SIGNIFICANT CON (AS UNDERLYING G C C C C C C C C		CONTRIBUTING TO DEAT					EN IN PART I(o)	PERFORMED?
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)								
20c. TIME OF INJU Haur o. m. p. m.	IRY Month, Day, Ye	or 20d. It While at war	Nat while	De. PLACE factory.	OF INJURY (Home, farm street, affice bldg., etc	20f. (City or	lown)	(County)	(Sta
21. I certify t	hat I attended the	deceas	11	22 leath ac	, 19 <i>55</i> , to <i>5</i>				
ACTUAL SIGNATURE	25/	ha	sell n	M.D.		ADDRESS (Street			DATE SIG
PHYSICIAN'S NAME (Type)	+ E./11a	nc.	C, 11/1.		OAKIG	ind, 1	Sarvi	944-	4/18/
REMOVAL (Specify Burial			Oakland	Ceme		Oaklan		county)	(State)
3. FUNERAL DIRECTO	R'S SIGNATURE -	. 1	ADDRESS			D BY REGISTRAR		TRAR'S SIGNATU	RE
Terald	n. Munn	Ch	Dale Tale O	3/10-	TET O TO TOATE AD	R 2 4 '61	Cla	Chur & Kra	u.A.

	ST BROWNSAUCHTERS SOLD	ALL DEPAREMEN	STORAM	
BML B	THE WIAM TO	CERTIFICATI	₹.	
			The state of the s	
	CHECK TO SEE SHOW THE WAY OF THE	Disa Ness Hussia Lea		
	RESIDE			
A 44 M 49 A				

th. Page 4

VR A1S (4) 1SM 9/59

4333

000419 XV

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04326

)	1. PLACE OF DEATH o. COUNTY Garrett.		MARYLAN	a. STATE	vland	eceased lived. If institution b. COUNT		fore admission)
	b. CITY OR TOWN (If outside co RURAL ond give nearest town)		c. LENGTH OF STAY IN 7 minutes	1b c. CITY C		corporole limits, write	RURAL ond give no	earest town)
1	d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospital, give street	address)	1 200.	T ADDRESS	Route	# 1	e. IS RESIDENCE ON A FARM? YES NO
/	3. NAME OF DECEASED	First	Middle		Last 4. D	DATE M		Day Year
		Denzil	Alvin		ines Jr	9. AGE (In year	IF UNDER 1 YEA	16 19 61 R IF UNDER 24 HRS.
		ite WIDOWE	DIVORCED	April	16,1961		3.	1 /
	10o. USUAL OCCUPATION (Give kinduring mast af warking life, even	nd of work dane en if retired)	KIND OF BUSINESS OR II	Gar	-route rett Co.		, TT	S. A.
1	Denzil Al	win Sine	S			ruman Si	nes	
1	15. WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO.	17. INFORMANT			dressRt. 1	Box 56A Park, Md
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> couse last.	DUE TO DUE TO (c) Alo	us position serve of	a colder diapres	Lucal Co magni- to the terminal of	Contents in Congenitor	Chest	19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFION OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	CRIBE HOW INJURY OCCU	URRED. (Enter notur	e of injury in Port I	ar Part II of item 18.)		YES X NO
	20c. TIME OF INJURY Month, Hour a.m. p.m.	While	NJURY OCCURRED 200 Nat while k ot wark	e. PLACE OF INJUR factory, street, af	Y (Hame, form, 20 ffice bldg., etc.)	f. (City or town)	(Count)	y) (Stote
	21. I certify that (I) (this saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Andre		19.61 and the	M.D. ATTEND PHYS.	PING MED. DIRECTO	ta 4-16-6 hom the causes of PHYS. Maryland		that (I) (we) last te stated above. 22b.DATE 160FMG/
	BUT 18 1 (Specify) 4/1	.7/1961	23c. NAME OF CEMETER Deer Park	ry or crematory: Cemete:	70 T	eer Park	, or county) Maryle	(Stote)
	24. PUNERAL DIRECTOR'S SIGNATU	ton	ADDRESS Oakla	nd, Md.	2So. REC'D BY	REGISTRAN 6 25b. REC	SISTRAP SESIGNAT	UPELALLA.

A be seen to be the land to be a limited and the seen to be a limited and the seen to be a limited as a limited and the seen to be a limited as a li The sense .mb(t 1001.01 They be to be eated direction, purchased 1. . . E conla naport entremys this was a section that the law line, Aporew L. Manoe, M. J., Duklanc, Parvinge THE WELL STATE WHEN THE STATE OF THE STATE O to the contract of the contrac

Page 4	post TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the function, and proceed a process of should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, or remaval, and in any event within 72 haurs after death.
of h.	be fi
fler d	he fu
o suns	by t
24 hc	led ir
rithin	ely fil Page
uted v	mplet pers. h.
exec	an po
ite be	carb carb
rtifico	physic smave haurs
oth ce	ading ose re
e dec	after on ple
hat th	The The
uires à	permit permit in an)
v requ	en sig
he fav	ial-tra
N. I	cate h
r alter	certifi as the tian,
PH S	or use
ADING Phosp	After ched f
ATTE	detacto to bu
o ped	DIREC
PITAL e reto	S shau
HOS	FUN Page
0 E	P 415 (4)
15M	10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

334	CERTIFICATE	OF	DEAT

eq.	Dist.	No.	1)	4	3	2	1
-9.			1 F	with.	a R		- 4

1. PLACE OF DEATH o. COUNTY Garrett MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Garrett										
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)							c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Mt. Lake Park 18 yrs.						X Mt. Lake Park										
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION L St.							d. STREET ADDRESS L. St. e. IS RESIDENCE ON A FARM? YES NO NO								
3.	NAME OF DECEASED		Fir	st	Middle			Last	4. DATE	Mon	th	Day		Yeor		
	(Type or print)	Ruth			Ada	T	asker		DEATH	Apr	il	15		1961		
5.	SEX	6. COLOR	OR RACE	7. MARR	IED X NEVER MARRIE	D 🗆	8. DATE OF 81	RTH		9. AGE (In years last birthday)	IF UNDER					
	Female	Whit	e	WIDOWE	DIVORCE		Mar.	21. 1	909	52 yrs.	Months	Days	Hours	Min.		
	during most of	working life, eve	nd of work on if retired		KIND OF BUSINESS O	RINDU							WHAT	COUNTRY?		
_	Housewi			IUW	n Home			land,		land		JSA				
								R'S MAIDEN N								
	Howard			crea la		1.7		Cogl	ey			100				
(Ye	WAS DECEASED	(If yes, give we	r or dates of se	CES7 16.	SOCIAL SECURITY NO.		NFORMANT			Add						
	no				one		dward	Taske	r Mt	. Lake	Park	, M	d.			
		DEATH Enter		-	ne for (a), (b), and (c).									DEATH		
	1 1		E CAUSE (o)S	tarvation							6 wks.				
	136.	1	DUE TO				Hills									
		if ony, which		C	arcinoma o	fli	ver wi	th meta	astase	S			lyr	•		
		ting the under-	DUE TO													
1	lying couse !		(c))												
CERTIFICATION	PART II.	OTHER SIGNIFI	CANT CON	DITIONS C	ONTRIBUTING TO DEA	TH 8UT	NOT RELATED	TO THE TERM	INAL DISEASI	E CONDITION GIV	'EN IN PART	'''	PERFO	RMED?		
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLY TING CAUSE TIFY MEDICAL E	ING OF DEATH (AMINER)	20b. DESC	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature	e of injury in I	Port I or Part	II of item 18.)						
MEDICAL	Hour o.	NJURY Month, m.	Day, Yea	20d. IN While of work	Nat while	20e. PL fa	ACE OF INJUR'	Y (Home, farm fice bldg., etc	20f. (City	or town)	(0	County)		(State)		
		that I atter	ded the	decense	ed from 2-14	-49	19	to	-14	1061	that I I	act co.	u the	deceased		
	alive on	4-14-61	ided ille	10	and that				A AA Good							
	dive on 7			- /	, and mai	aeam	occurred			reet, city or town,		ie date		ed abave. ATE SIGNED		
	ACTUAL	Aur F	1- 0	Te	ten. Ja		un 58	3 2nd.	S# (Dalc. Md		4-7	7-61	112 3101120		
	//		4000				m.v			<u> </u>			1			
	PHÝSICIÁN'S NAME (Type)	JANES	S H. J	TE A SIT	ER. JR. M	. D.										
220	BURIAL, CREMA	ATION, 22b. DA	TE THEREO	F	22c. NAME OF CEME	TERY C	R CREMATORY		22d. LOCAT	ION (City, town, o	or county)		(Stote	e)		
	REMOVAL (Spe Durial	ecity) 4/	17/6	1	Gortner	Cer	neterv		Gort			larv	_	_		
23,	FUNERAL DIREC		RE ,	1	ADDRESS	0 01			D BY REGIST		STRAR'S SIG			<u> </u>		
1	Terald	h. Nu	mu	on	Oakland.	Ma	brefva	DATE AP	R 2 4 '6	1 0	Mun S.	thou	d			

CERTIFICATE OF DEATH A SEMINE SHIPMAN

CERTIFICATE OF DEATH Rea. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY b. COUNTY MARYLAND AKRETT b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest tawn) shauld AKLAND d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? N YES NO pup NAME OF 4. DATE Middle Manth DECEASED (Type or print) DEATH 9. AGE (In Jears IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days WIDOWED | DIVORCED | papers. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) carban LABOR offer 13. FATHER'S NAME JOSEP mave INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ease INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ days EREBROVASCALAR DUE TO ALTERIOSCIEROSIS Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. Nat while at wark at wark 19 6 that I last saw the deceased 21. I certify that I attended the deceased fram P_M, fram the causes and an the date stated abave. and that death accurred at_ prior SIGNATURE 3 shauld strar PHYSICIAN'S Pedro Rivera, M.D. Friendsville. NAME (Type) 22a. BURIAL CREMATION. 22d. LOCATION (City, tawn, ar county) 22c. NAME OF CEMETERY OR CREMATORY (State) poge REMOVAL (Specify) AUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A1S (4) anthun & Tynus

filled

campletely

and

physicion

ottending

signed

ay be retained.
FUNERAL DIRECT

10

1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ASCHILL OF THE PROPERTY OF THE SECTION OF THE SECTI Contract to the second of the Constant to the second of the second of the second the server Characters and the first of the The state of the s The contract of the state of th SLOSEIN LIPHOLD ILLEGENET HARSHAILD July 12-2014 May May and Shill of 19 1 Fee abborred Basisk - Treft to December test - Total and the State of then the same of the task